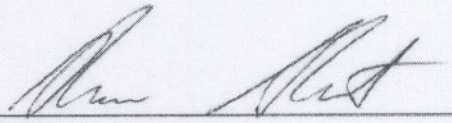


1-16-07
Date Signed


Signature

Sherman Sholars
Printed Name

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Address

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806-789-9311
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To join the collective action for FLSA claims, you must complete this consent from, sign your name where indicated, and either file it directly with the Court or send it to Plaintiff's counsel at the following address:

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